

Case Number:	CM14-0173673		
Date Assigned:	10/24/2014	Date of Injury:	11/24/2003
Decision Date:	11/25/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42-year-old male who reported an injury on 11/24/2003. The mechanism of injury was not submitted for review. The injured worker has diagnoses of multilevel lumbar disc protrusion status post lumbar fusion, bilateral lower extremity L5 radiculopathy, situational depression, bilateral knee pain with internal disruption; status post left knee arthroscopy, and status post right knee arthroscopy. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications include Cymbalta, Adderall, Seroquel, Wellbutrin, Abilify, Buspar, and Cardura. On 04/07/2014, a urine drug screen was obtained showing that the injured worker was compliant with medications. On 05/01/2014, the injured worker complained of chronic pain. Physical examination revealed that there was tenderness to the lumbar paraspinal muscles and reported some muscle spasms. Range of motion was severely limited with forward flexion, no greater than 20 degrees; extension was unable to be performed. The treatment plan is for the injured worker to continue with medication therapy. Rationale was not submitted for review. The Request for Authorization form was submitted on 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Therapeutic trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, On-Going Management, Opioids Page(s): 75, 78, 80.

Decision rationale: The request for Norco 10/325mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that "opioids appear to be efficacious, but limited for short term pain relief and long term efficacy is unclear (less than 16 weeks), but also appears limited." Failure to respond to a time limited course of opioids has led to suggestion of reassessment and consideration of alternative therapy. For ongoing management, there should be documentation of the 4 A's (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior). The California MTUS Guidelines also indicate that the use of drug screening is for patients with documented issues of abuse, addiction, or poor pain control. MTUS Guidelines also state that an "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented as well." Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The submitted documentation did not indicate if the medication was helping with the injured worker's functional deficits. Furthermore, there was no assessment regarding average pain, intensity of pain, or longevity of pain. A urine drug screen submitted on 04/07/2014 indicated that the injured worker was compliant with medications. However, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 09/10/2014; regarding Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin, Specific Anti-epilepsy Drugs Page(s): 18.

Decision rationale: The decision for Neurontin 600mg #90 is not medically necessary. The California MTUS Guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note that Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. The submitted documentation did not indicate that the injured worker had a diagnosis of neuropathic pain or postherpetic neuralgia. There was also no indication that the injured worker had weakness or numbness to muscles. Additionally, the submitted report lacked any evidence of the injured worker having any sensory deficits. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

